

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

JOHNNY LANDRUM (AIS # 134871),

Plaintiff,

v.

DR. JOHN ALLEN JONES, et al.,

Defendants.

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2:07-cv-495-WKW

SPECIAL REPORT OF DEFENDANT JOHN ALLEN JONES, III, M.D.

COMES NOW Defendant, John Allen Jones, III, M.D. (identified in Plaintiff's Complaint as "Dr. John Allen Jones"), and presents the following Special Report with regard to this matter:

I. INTRODUCTION

Plaintiff, Johnny Landrum (AIS # 134871) (hereinafter "Plaintiff" or "Landrum"), is an inmate currently confined at Bibb County Correctional Facility located in Brent, Alabama. (Ex. "A" to Doc. No. 1). On January 22, 2007, Plaintiff commenced an action against Dr. Jones by the filing of a Complaint in the Circuit Court of Montgomery County, Alabama styled "Johnny Landrum v. Dr. John Allen Jones, III, et al.," Civil Action No.: CV-07-134. (Id.). Dr. Jones is an ophthalmologist in private practice with Drs. Jones & Jones, P.A. whose offices are located at Baptist Hospital in Montgomery, Alabama. (Doc. No. 14). At the time the care in question was provided, Dr. Jones contracted with Prison Health Services, Inc. ("PHS") to provide healthcare to inmates at certain correctional facilities in the State of Alabama, including Bibb. (Id.)

In his Complaint, Plaintiff alleges that Dr. Jones has failed to provide him with appropriate medical care in violation of his constitutional rights pursuant to the Eighth Amendment to the United States Constitution. (Ex. "A" to Doc. No. 1). Plaintiff specifically alleges that he was referred to Dr. Jones for treatment by "Dr. Whitley," Medical Director for Bibb County Correctional Facility, for cataract treatment and surgery. (Id.) Landrum claims that Dr. Jones failed to perform cataract surgery in an appropriate manner by surgically implanting a replacement lens that was ordered for another inmate's use. (Id.) Landrum further claims that Dr. Jones represented to him that he would not have to wear corrective lenses after the surgical procedure and that he would have perfect vision post-procedure. (Id.)

On June 5, 2007, Dr. Jones removed Plaintiff's Complaint to this Court. (Id.) On June 12th, the Court entered a Recommendation that Plaintiff's claims against Dr. Jones be dismissed with prejudice prior to service in accordance with the directives of 28 U.S.C. § 1915A(b)(1). (Doc. No. 2, Withdrawn). Specifically, the Court determined that Plaintiff's allegations against Dr. Jones pursuant to 42 U.S.C. § 1983 (citing violations of the Eighth Amendment to the United States Constitution) were due to be dismissed because Dr. Jones did not provide medical treatment to the Plaintiff as a person "acting under the color of state law" or as a "state actor." (Id.) On June 24th, Landrum filed an Objection to Judge Walker's Recommendation arguing, in part, that Dr. Jones is a "state actor" and, as such, potentially liable pursuant to § 1983 for those alleged injuries stemming from the cataract surgery in question. (Doc. No. 4).

On September 11th, Judge Walker withdrew her Recommendation of Dismissal and entered an Order directing Dr. Jones to provide the Court with a response advising

whether he has entered into a contract with the ADOC or PHS to furnish medical treatment to state inmates. (Doc. No. 5).

Dr. Jones filed a response and brief in support of reinstatement of recommendation of dismissal on September 26th. (Doc. No. 13). On October 12th, The Court entered an order requesting that Dr. Jones submit an Answer and Special Report. (Doc. No. 19).

Dr. Jones has, pursuant to Court order, reviewed Landrum's claims to determine the facts and circumstances relevant thereto. At this time, Dr. Jones is submitting this Special Report, which is supported by a Certified Copy of Plaintiff Landrum's medical records from Baptist Medical Center South (attached hereto as Ex. "A"), and the Affidavit of John Allen Jones, III, M.D. (attached hereto as Ex. "B"). These evidentiary materials demonstrate that Plaintiff Landrum has been provided appropriate medical treatment at all times, and that the allegations in his Complaint are without merit.

II. NARRATIVE STATEMENT OF FACTS

At all pertinent times, Johnny Landrum (AIS # 134871) has been incarcerated as an inmate at Bibb County Correctional Facility located in Brent, Alabama. (Ex. "A" to Doc. No. 1). On January 23, 2006, Mr. Landrum presented to Dr. Jones' office for an eye examination with complaints of decreased vision in the left eye with cataract, gradual decreasing vision in the right eye, and occasional "floaters" without flashes. (See Ex. "B"). Mr. Landrum communicated a medical history that was significant for a surgically repaired detached retina in the left eye, and high myopia, as well as high blood pressure and an unspecified back injury. (Id.)

In evaluating Mr. Landrum, Dr. Jones determined that he had 20/40¹ best corrected vision in the right eye and very poor “count fingers” vision in the left eye at five (5) feet, approximately 20/1600 corrected.² (Id.) The lens of the right eye was clear; the lens of the left eye was found to be markedly dark and opaque due to the presence of a 3+ cataract. (Id.) Both retinas remained attached per initial evaluation. (Id.) Based upon the initial evaluation, Dr. Jones recommended a phacoemulsification procedure to remove the cataract from the left eye.³ (Id.) Mr. Landrum was instructed to return for evaluation via A-scan ultrasound in preparation for surgical placement of an intraocular lens implant (IOL).⁴ (Id.)

On June 1, 2006, Mr. Landrum received an A-scan. (Id.) The A-scan showed that Mr. Landrum’s left eye was extremely long as related to normal, to the order of -1.0 (compared to normal of +20.0). (Id.) Dr. Jones subsequently ordered a specially designed +1 powered IOL in preparation for the phacoemulsification procedure. (Id.)

On June 7, 2006, Mr. Landrum presented for surgery. (Id.) He was prepped and draped in the usual manner for a left intraocular procedure. (Id.) At that time Dr. Jones determined that the cataractous left lens was dislocated inferiorly and temporally from its zonules (supporting structure). (Id.) Due to the fragile nature of the support system holding the lens in place, the phacoemulsification procedure was abandoned in

¹ When a patient’s vision is 20/40, that means that when they are standing or sitting 20 feet away from the eye chart, they can only see letters (or numbers) on the chart that are large enough for a person with normal vision to see 40 feet away (the 20/40 line). The higher the second number (such as 20/100, 20/200, 20/400), the worse is the person’s eyesight.

² It is common to record vision worse than 20/400 as “count fingers” (CF at a certain number of feet).

³ Phacoemulsification is a surgical procedure whereby a microscopic instrument is passed through a small incision toward the lens and ultrasound is used to break the cataract into small pieces which are subsequently extracted. Once the cataract is removed, a replacement lens is inserted.

⁴ A-scan ultrasound biometry (commonly referred to as an A-scan) is a routine diagnostic test used to determine the length of the eye for calculation of intraocular lens power.

favor of an extracapsular cataract extraction and insertion of an anterior chamber intraocular lens. (Id.) The specially ordered lens could not be used. (Id.)

The anterior chamber was entered and the lowest powered anterior chamber lens available (+16) was inserted and securely placed. (Id.) Mr. Landrum tolerated the procedure well with no formed vitreous loss. (Id.) He was returned to the recovery room in good condition. (Id.) Mr. Landrum was discharged with appropriate post-operative instructions and prescriptions for Zymar 0.3 % (an ophthalmic antibacterial solution) and Econopred (an ophthalmic corticosteroid) which were written KOP for Mr. Landrum's convenience. (Id.) Mr. Landrum was also provided education materials and instructions for appropriate post-operative care. (Id.)

Dr. Jones evaluated Mr. Landrum post-operatively on June 29, 2006. (Id.) On that date Mr. Landrum stated that the left surgical eye felt good. (Id.) His post-operative evaluation was normal. (Id.) Dr. Jones noted that he had exhausted his prescription for Zymar and was continuing with Econopred as prescribed. (Id.)

Mr. Landrum again presented on August 10, 2006 when it was noted that that he had exhausted his supply of Econopred and was having some glare, double vision and discomfort under the left upper lid. (Id.) In response, Dr. Jones prescribed Tobradex.⁵ (Id.) He also evaluated the surgical eye and noted the existence of a number of old tears (breaks) in the retinal posterior pole, a chronic condition that negatively effects the manner in which light spreads across the retina and precludes good vision. (Id.)

Mr. Landrum's vision in the left surgical eye has dramatically improved from "counting fingers" vision at five (5) feet (approximately 20/1600) to 20/200 ambulatory

⁵ Tobradex (Tobramycin and dexamethasone ophthalmic suspension and ointment) are multiple dose antibiotic and steroid combinations for topical ophthalmic use.

vision with the anterior chamber lens. (Id.) The overall potential for improvement in Mr. Landrum's vision is, of course, limited by the negative effects of his chronic retinal degeneration. (Id.)

Mr. Landrum has made an allegation in this case that Dr. Jones placed a lens in his left eye during surgery that was ordered for another inmate's use. (Ex "A" to Doc. No. 1). This allegation is simply untrue as the lens utilized during Mr. Landrum's surgical procedure was chosen for his specific need. (Id.) Further, in contradiction to Plaintiff's allegations, Dr. Jones has never instructed Landrum that he would not have to wear eyeglasses after the surgical procedure. (Id.) Mr. Landrum will always rely on corrective lenses for best improved vision due to his chronic retinal degeneration and excess myopia. (Id.)

Based on Dr. Jones' review of Mr. Landrum's medical records, and on his personal knowledge of the treatment provided to him, it is Dr. Jones' opinion that Landrum's medical conditions and complaints have been evaluated and treated in a timely and appropriate fashion. (Id.) At all times, Dr. Jones has exercised the same degree of care, skill, and diligence as other similarly situated health care providers would have exercised under the same or similar circumstances. (Id.) In other words, the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate. (Id.)

At no time has Dr. Jones denied Mr. Landrum any needed medical treatment, nor has Dr. Jones ever acted with deliberate indifference to any serious medical need of Mr. Landrum. (Id.) At all times, Mr. Landrum's medical complaints and conditions have been addressed as promptly as possible under the circumstances. (Id.)

III. DEFENSES

The Defendant asserts the following defenses to the Plaintiff's claims:

1. The Defendant denies each and every material allegation contained in the Plaintiff's Complaint and demands strict proof thereof.
2. The Defendant pleads not guilty to the charges in the Plaintiff's Complaint.
3. Plaintiff's Complaint fails to state a claim against the Defendant for which relief can be granted.
4. The Defendant affirmatively denies any and all alleged claims by the Plaintiff.
5. Plaintiff is not entitled to any relief requested in the Complaint.
6. The Defendant cannot be held liable on the basis of *respondeat superior*, agency, or vicarious liability theories.
7. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.
8. The allegations contained in the Plaintiff's Complaint against the Defendant, sued in his individual capacity, fail to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).
9. The Defendant pleads the general issue.
10. This Court lacks subject matter jurisdiction due to the fact that even if Plaintiff's allegations should be proven, the allegations against the Defendant would

amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).

11. Plaintiff's claims against the Defendant in his official capacity are barred by the Eleventh Amendment to the United States Constitution.

12. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.

13. The Defendant pleads the defense that at all times in treating Plaintiff he exercised the same degree of care, skill, and diligence as other physicians would have exercised under similar circumstances and that at no time did he act toward the Plaintiff with deliberate indifference to a serious medical need.

14. The Defendant pleads the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render him liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

15. The Defendant pleads the affirmative defenses of contributory negligence and assumption of the risk.

16. The Defendant pleads the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.

17. The Defendant pleads the affirmative defense that he is not responsible for the policies and procedures of the Alabama Department of Corrections, Prison Health Services, Inc. or Baptist Hospital.

18. The Defendant pleads the affirmative defense that the Plaintiff has failed to mitigate his own damages.

19. The Defendant pleads the affirmative defense that he is not guilty of any conduct which would justify the imposition of punitive damages against him and that any such award would violate the United States Constitution.

20. This Defendant adopts and asserts all defenses set forth in the Alabama Medical Liability Act, Ala. Code § 6-5-481, et seq., and § 6-5-542, et seq.

21. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e(a). Plaintiff has failed to pursue the administrative remedies available to him. See Cruz v. Jordan, 80 F. Supp. 2d 109 (S.D. N.Y. 1999) (claims concerning defendants' deliberate indifference to a medical need is an action "with respect to prison conditions" and is thus governed by exhaustion requirement).

22. The Prison Litigation Reform Act amendment to 42 U.S.C. § 1997(e)(c) mandates the dismissal of Plaintiff's claims herein as this action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks money damages from the Defendant who is entitled to immunity.

23. The Plaintiff's claims are barred by the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e).

24. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing *in forma pauperis* actions in federal court.

25. The Defendant asserts that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and request this Court,

pursuant to 42 U.S.C. § 1988, to award said Defendant reasonable attorney's fees and costs incurred in the defense of this case.

26. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F. Supp. 2d 1252 (D. Kan. 1999).

IV. ARGUMENT

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Landrum's medical records reveals that he has been given adequate medical treatment at all times. (See Ex. "A" & "B"). All of the allegations contained within Landrum's Complaint are either inconsistent with his medical records, or are claims for which no relief may be granted. Therefore, Landrum's claims against Dr. Jones are due to be dismissed.

In order to state a cognizable claim under the Eighth Amendment, Landrum must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d 1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Landrum must allege and prove that he suffered from a serious medical need, that Dr. Jones was deliberately indifferent to his

needs and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001), and Palermo, 148 F. Supp. 2d at 1342. “Neither inadvertent failure to provide adequate medical care nor a physician’s negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment.” Id. (citations omitted).

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates’ serious medical conditions does not rise to the level of a constitutional violation. Further, neither an alleged inadvertent failure to provide adequate medical care nor a physician’s alleged negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

Dr. Jones may only be liable if he had knowledge of Landrum’s medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Dr. Jones cannot be liable on the basis of *respondeat superior*, so the alleged violation must be personal to an individual, not based on a mere supervisory or agency relationship with one who is alleged to have violated Plaintiff’s rights. Monell v. Dep’t of Soc. Servs., 436 U.S. 658, 691-692 (U.S. 1978).

Obviously, Landrum cannot carry his burden. The evidence submitted with this Special Report clearly shows that Dr. Jones did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. (See Ex. “A” & “B”). The evidence demonstrates, to the contrary, that Landrum’s claims are without merit, that his medical conditions were at all times adequately and timely addressed, and that he was not denied any necessary medical treatment. (Id.) Appropriate standards of care were followed at all times and Landrum consented to receive that medical treatment provided to him by Dr. Jones. (Id.) The evidence, in other words, shows without dispute that all of Plaintiff Landrum’s medical conditions were thoroughly evaluated, treated, and monitored in a timely and appropriate manner. (Id.) These facts clearly disprove any claim that Dr. Jones acted intentionally or recklessly to deny treatment or care, or that he failed to invest that time necessary to provide appropriate care under the circumstances. (Id.)

To defeat summary judgment, Landrum must be able to point to cases with “materially similar” facts, within the Eleventh Circuit, that would alert Dr. Jones to the fact that his practice violated Landrum’s constitutional rights. See Hansen v. Soldenwagner, 19 F.3d 573, 576 (11th Cir. 1994). Dr. Jones submits that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that, under the facts of this case, it was clearly established that these alleged actions violated Landrum’s constitutional rights. All of Landrum’s medical needs have been addressed or treated in a timely fashion. (See Ex. “A” & “B”). Dr. Jones treated Landrum’s conditions,

prescribed and provided needed medications, managed and treated his problems, and provided him access to appropriate medical care at all times. (Id.).

Finally, pursuant to the Court's Order directing this Special Report, Dr. Jones requests that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment. Dr. Jones has demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material facts relating to a constitutional violation, and that he is, therefore, entitled to a judgment in his favor as a matter of law. Plaintiff's submissions clearly fail to meet his required burden.

V. CONCLUSION

The Plaintiff's Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff's requests for relief are without merit. Accordingly, Dr. Jones requests that this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in his favor.

Respectfully submitted this the 5th day of December, 2007.

s/ R. Brett Garrett
R. BRETT GARRETT (GAR085)
Attorney for Defendant, John
Allen Jones, III, M.D.

Of Counsel:
RUSHTON, STAKELY, JOHNSTON & GARRETT, P.A.
P.O. Box 270
Montgomery, AL 36101-0270
334-206-3138 (telephone)
334-481-0808 (facsimile)
bg@rsjg.com (email)

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served upon the following by placing a copy thereof in the United States Mail, postage prepaid and properly addressed, on this the 5th day of December, 2007:

Johnny Landrum (AIS # 134871)
BIBB CORRECTIONAL FACILITY
565 Bibb Lane
Brent, AL 35034

s/ R. Brett Garrett
OF COUNSEL

Landrum, Johnny #27461
 January 23, 2006 Bibb Co. Soc. 49 yob male
 Complete Exam ↓ Va. OS, gradual ↓ Va.;
 exc. floaters, & flashes; told he had
 a cataract in OS;
 VCT-S: $\frac{20}{40}$ $\frac{20}{30}$
 $\frac{cc}{cc}$ $\frac{cc}{cc}$

A
 114
 14

BMH - Retinal Det. OS 10-12 yrs. ago -
 treated at Eye Foundation Hosp
 in B'ham

*MP = NW ⊙

⊕ Duettoz Rod
 ⊕ colour

Surg. for RD
 HBP
 Back Injury

Med. - HBP Rx + bi:
 Zantac
 Motrin

Sx = 0, full

Imm Tx - Neg

Allergies NK

mus 3/4 = Lt

NW - 10.25 + 1.25 x 72
 - 10.25 + 1.00 x 75
 + 2.50 Add

Spec: com I
 Acetog O

low OD catar
 OS 3+ combined cat
 vit pars

F: peripap. holes - No holes OD
 poor vis OS - cataract

Res: Cat OS
 Rr: peripap. holes OS
 Call to schedule
 (Cephalon Washington
 Bibb)

[Signature]
 Phaco OS 5/17/06
 #88103 BSC

4-14-06

27461

(21)

Tandem, Johnny

Must have A-scan at 20/20 on 5/17/06

[Signature]

Phaco IOL OS 6/17/06 at BSC
A-scan 20/20 Ophthalmic Assoc. 6/16/06 @ 3:00pm

June 1, 2006 Preop

to 20/20 for a-scan OS

order -1.0

6/18/06 P.O.D. #1 ECCE = Actual OS for hexated ^{contact} IOL -
was unable to use special order IOL power because
of dislocation of lens (contact)

E-20 V_{20/400} - $\frac{A}{T14}$

few chorion on cornea
AC deep; PI open
lens - center
some center peripherally

Mr. Big Zymon ^{to} tid, ^{to} 05gid
See also printed order, Shedd's profile, K.O.P.
FL one week
Green Populatus

[Signature]

DRS. JONES & JONES, P.A.
2055 E. SOUTH BOULEVARD
SUITE 804
MONTGOMERY, AL 36116

Landrum, Johnny

27461

3

June 29, 2006

3 weeks PO Phaco IOL OS

OS feels good, occ. f.b. sens.

V20400 PHNH
JOL
SC

Old OS

A
T20

can I
AC deg = IOL

new PI op

had fgm
for 3 wk

Eye Meds. - out of
Bryant
Econopred gel

8-10-04

2 mo. PO Phaco IOL OS

out of drops X (week -

double Va. 1 glane;

OS hunting X (week

under upper lid

V20400 See 2 lines
IOL

A -13 = 20/200
TH

NHM OS

cornea = normal

AC deg = some V ant. to AC lens

loose suture fingerly - removed

AC IOL = 20 = PI

F: multiple choroidal breaks - post pole

Telmadex

B

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name:	Landrum, Johnny	Inmate Number:	134871LA
Service Authorized:	Office Visits: Op Surgical Followup Referral	Effective Dates:	07/07/2006
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bibb Correctional facility	Contact Name:	Michelle Pope
Authorization Number:	16282887	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

*2 wks post of ACE/ial OS
Needs to continue opz - use tobacco x grid
KOP x 2 wks, then tid x 1 wk, then bid x 1 wk
Sample given*

***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician:

[Signature]

Date

08 10 06

Time

Reviewed and Signed By
Medical Director:

Date

Time

07/10/2006

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name:	Landrum, Johnny	Inmate Number:	1348711A
Service Authorized:	Office Visits: Op Surgical Followup Referral	Effective Dates:	06/14/2006
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bibb Correctional facility	Contact Name:	Michelle Pope
Authorization Number:	16215999	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

June 29, 2006 3wks PO Phoro / Der OS
last shoulder profile
Medication report OS to Zick,
h2cick, the gd will return
FC 3wks

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

[Handwritten Signature] ms

Date

06 29 06

Time

Reviewed and Signed By
Medical Director:

Date

Time

06/14/2006

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name:	Landrum, Johnny	Inmate Number:	134871LA
Service Authorized:	Outpatient Surgery: Op One Day Surgery	Effective Dates:	02/22/2006
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bibb Correctional facility	Contact Name:	Michelle Pope
Authorization Number:	15878465	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
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- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967



B0615700424 LANDRUM, JOHNNY
DOB: 03/03/56 Age: 50Y MR #: 704362
Admit Date/Time: 06/07/06 0651A
567 JONES, JOHN ALLEN

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

Dr: Dr's located Catamount ^{LT} OS

Procedure: ECCE ^{LT} E Tol OS; local IV sedation; out patient 3 completed

Post op: tylenol x2 po q 8 h per discomfort, keep shield
and pad over Lt eye, keep follow up GP

General request -

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

Date

Time

Date

Time

Reviewed and Signed By
Medical Director:

02/23/2006

08/06 11:19:32 Baptist Hospital 1(334) 286-2793 Page 2 of 2

BAPTIST MEDICAL CENTER SOUTH2105 East South Blvd
Montgomery, AL 36116
(334) 283-2100

Name: LANDRUM, JOHNNY

Admit Type: Outpatient Surgery

Discharge Date: 06/07/2006

MR#: B000704362

Account: B0615700424

Age: 50 years

Sex: Male

Admit: 06/07/2006

SS Number: 420-80-9547

DOB: 03/03/1956

Room/Bed: -

Admitting Physician: Jones, John

Allen, MD

Ordering Physician: Jones, John

Allen, MD

Surgical Pathology Final Report

PATHOLOGY NO: SS-06-0002920

Collected: 06/07/2006

Received: 06/07/2006 10:20:00 AM

Physician: Pinkston, Glen R

Surgical Specimen Received

Lens, left eye.

Final Diagnosis

Lens, left eye:

Degenerative changes (cataract).

GRP pmp 6/8/2006

Pinkston, Glen R, M.D.
(Electronically signed by)
Verified: 06/08/06 11:07 a
GRP/pp**Gross Description**

Received is a 0.6-cm dark opaque yellow-brown lens. The specimen is bisected and submitted entirely.

GRP/pmp 6/7/2006

Diagnostic Services Provided by Alabama Pathology Associates P.C.

MR#:

B000704362

Room/Bed: - Account:

B0615700424

Printed:

6/8/2006 11:07 AM

Sex: Male DOB: 03/03/1956

Name: LANDRUM, JOHNNY

Page 1 of 1

N/A

JOHN ALLEN JONES, III, M.D., F.A.C.S.
BAPTIST MEDICAL TOWERS • SUITE 804
2055 EAST SOUTH BOULEVARD • MONTGOMERY, ALABAMA 36116
Tel: 334-281-6688 • Fax: 334-281-0324

POST-OPERATIVE INSTRUCTIONS

EYE MEDICATIONS: You will be given a prescription for VIGAMOX to be filled today.

~~OCUSOFT LID SCRUBS~~, ECONOPRED PLUS, SYSTANE PF,
and Tylenol are included in your post-op kit.



~~OCUSOFT LID SCRUBS:~~

KOP Saline & Cotton Bulb
Bathe your eyelids with the ~~LID SCRUBS~~ once per day.



Zymer
VIGAMOX:

KOP Use one (1) drop in the operative eye 3 times a day for one (1) week.

❖ WAIT A FEW MINUTES BETWEEN DROPS ❖



ECONOPRED PLUS: (SHAKE WELL)

KOP

Use one (1) drop in the operative eye 4 times a day for one (1) week.



SYSTANE PF:

Use these over-the-counter artificial tears as needed for mild foreign body sensation or dryness. (Additional SYSTANE PF may be purchased at any grocery or drug store.)

- ❖ No strenuous activity until advised. No lifting things weighing over 20 pounds. If you must stoop, keep your head above your chest.
- ❖ Avoid getting soap or shower water in operated eye.
- ❖ You generally may see your beautician one week post-op.
- ❖ Notify Dr. Jones if decreased vision or pain is noted.
- ❖ It is not unusual for some "floaters" to be noticed. Some discomfort might be noted when out of doors or in a draft. For this reason, you are urged to wear wraparound sunglasses.
- ❖ You may use Tylenol or Advil for mild pain.
- ❖ You should sleep in your shield for the first 2 to 3 weeks post-operatively and wear protection during waking hours.
- ❖ Glasses will be prescribed 1 to 2 months following surgery, giving your eye time to heal. A change in prescription may be required within the first year following surgery.
- ❖ It is permissible to read, watch TV or otherwise use your eyes almost immediately. You are encouraged not to strain your eyes. Your vision should gradually improve every couple of days while your eye heals.
- ❖ Please keep follow-up appointments. They are generally as follows:
one day post op; one week later; and four weeks later
- ❖ If you have questions, please ask. No question is stupid except unasked ones.
- ❖ Your insurance will be filed for you.
- ❖ If you cannot locate Dr. Jones for a problem, call the emergency room of the day. Ask you the ophthalmologist on call.
- ❖ The length of time required for decreased physical activity and/or time off from the job varies with each individual.

Glenn Jones

M. Jones

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

BIBB 831

Site Phone #

205-225-0338

Site Fax #

205-225-0338

Patient Name: (Last, First)

Landrum

Alias: (Last, First)

Johnny

Inmate #

134871

SS Number

420-80-9547

Date: (mm/dd/yy)

060706

Date of Birth: (mm/dd/yy)

0711776

PHS Custody Date: (mm/dd/yy)

091503

Potential Release Date: (mm/dd/yy)

12108107

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☐ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

060906

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments: 1

☐ Other:

Specialist referred to:

J. Jones

Type of Consultation, Treatment, Procedure or Surgery:

Flu cataract surgery

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

He had cataract surgery or needs Flu tomorrow.

Results of a complaint directed physical examination:

Shield over OD

Previous treatment and response (including medications):

Cataract surgery today

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date resubmitted:

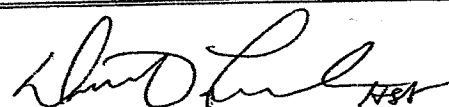
Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:



BAPTIST SURGERY CENTER
PHYSICIAN'S ORDERS

Landrum, Johnny

Drug Sensitivities & Allergies

NKA

(1) THE NURSE RESPONSIBLE FOR CARRYING OUT AN ORDER MUST CHECK (✓) AND INITIAL THE ORDER IN THE COLUMN TO THE LEFT.
 NOTE: (2) EVERY ORDER MUST BE PLAINLY WRITTEN AND SIGNED.
 WHEN A PATIENT'S CONDITION REQUIRES THAT AN ORDER BE RECEIVED OVER THE TELEPHONE, THE ORDER MUST BE RECEIVED
 BY THE NURSE IN CHARGE, RECORDED ON PHYSICIAN'S ORDER SHEET AND COUNTERSIGNED BY THE ATTENDING PHYSICIAN ON HIS
 NEXT VISIT. AND DATE OF AUTHENTICATION MUST BE RECORDED.

DATE	NURSE CHECK (✓) AND INITIAL	ORDERS FOR MEDICINES AND TREATMENT
6/7/06		CATARACT PROCEDURE
		Dr. J. Jones
		1. O.P. - Surgery O.R. 2nd Case
		2. Pre-op per anesthesia routine ophthalmic conscious anesthesia sedation order.
		3. Have OP permit signed for Cataract Exl/ IOL O.S. Left Eye
		4. Have patient void prior to coming to O.R.
		5. At 7:15 am
		Ophthaine 0.5% - gtts 1 in O.S. first
		Then Zymar 0.3% gtts 2 of each
		2% Cyclogyl q5 min. X 4
		10% Neosynephrine O.S.
		Acular ES - gtts 1 O.S. q 15 min til surgery
		Send all eye meds to O.R. with patient
		PC IOL Alcon

☐ CHECK HERE IF GENERIC OR FORMULARY EQUIVALENT IS NOT ACCEPTABLE

PHYSICIAN'S ORDERS

BAPTIST SURGERY CENTER

HISTORY & PHYSICAL EXAM

Patient Name: Landrum, Johnny Age: 50 Date: 6-7-06
 Chief Ophthalmic Complaint: Gradual ↓ vision OS, interfering with lifestyle, reading, working, watching TV
 Past History: Retinal Detachment OS 10-12 yrs ago, Surg for R
HBP

Family History: Neg
 Medications: Zantac 300mg i tid Allergies: NKA
~~Matrin~~ Naprosyn 375mg i bid pm, Chlorpheniramine Maleate 4mg
Cardura 2mg i hr, Vasotec 10mg i bid, Asa 81mg i tid i bid

GENERAL PHYSICAL EXAM:

ENT: airway patent Neck: supple
 Cardiac: R2 S2
 Lungs: clear
 Abdomen: soft Extremities: _____
 Neurological: all cooperation, oriented, appropriate affect
 Other Abnormalities: _____

OCULAR EXAM:

Best VA OD: 20/40 OS: CF 5' IOP: OD: 14 OS: 14
 External Exam: _____ Pupils: 3/3 intact
 EOM: EX-2, full V
 Slit Lamp: OD: cornea cl OS: cornea cl
AC deep & cl AC deep & cl
Lens clear 3+ N/C cat - combined ca
 Fundus: OD: peripap. pale - No OS: poorly vis. - attached
holes

Diagnosis: Combined Cataract OS
 Preoperative Indications: ↓ vision, interfering w/ lifestyle
 Signed by: [Signature] M.D. Date: 06 01 06



B0615700424 LANDRUM, JOHNNY
 DOB: 03/03/56 Age: 50Y MR #: 704362
 Admit Date/Time: 06/07/06 0651A
 567 JONES, JOHN ALLEN

Patient Information



POSTOPERATIVE PROGRESS RECORD

Date	Time	
06/07/06		Surgeon: <i>Jones</i> Assistant:
		Preop Dx: <i>Cataract, new intra OC</i>
		Postop Dx: <i>As above, dislocated lens</i>
		Procedure: <i>Completed ECCR - IOL DS Local in eye OP EC</i>
		Findings: <i>Cataract was dislocated after surgery</i>
		Specimen & Disposition: <input type="checkbox"/> Lab <input type="checkbox"/> Other
		EBL: _____
		M.D. Signature: <i>[Signature]</i>

MODEL: MTA4U0
 POWER: 16.0D
 LENGTH(Ø_T): 13.0mm
 OPTIC(Ø_B): 5.5mm
 SN: 715916.041
 INTERNATIONAL LABEL IOLAC



Alcon Laboratories, Inc.



PN 300

06/02/2005 09:07 3342869622

PAGE 03/07

Name: Landrum, Johnny	ID: 62133-0
Date of Birth: 03/03/1956	Eye Surgeon: Frank C. Young III
Exam Date: 06/01/2006	Formula: Holladay

Preoperative Data:				OD right
AL: 28.77 mm		Refraction:		
K1: 42.51 D @ 158°		Visual Acuity:		
K2: 43.27 D @ 68°		Eye Status: phakic		
opt. ACD: 3.37 mm		Target Ref: plano		
SA60AT		MTAU		
SF:	1.52	SF:	-0.31	
IOL (D)	REF (D)	IOL (D)	REF (D)	
7.5	-1.14	6.5	-1.14	
7.0	-0.80	6.0	-0.75	
6.5	-0.46	5.5	-0.36	
6.0	-0.12	5.0	0.02	
5.5	0.21	4.5	0.40	
5.0	0.53	4.0	0.77	
4.5	0.85	3.5	1.14	


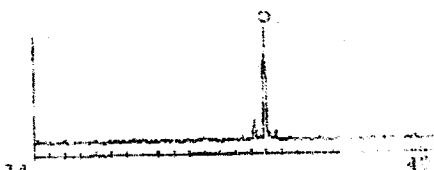
Preoperative Data:				OS left
AL: 31.80 mm *		Refraction:		
K1: 42.56 D @ 17°		Visual Acuity:		
K2: 44.41 D @ 107°		Eye Status: phakic		
opt. ACD: 2.68 mm		Target Ref: plano		
SA60AT		MTAU		
SF:	1.52	SF:	-0.31	
IOL (D)	REF (D)	IOL (D)	REF (D)	
-0.5	-0.86	0.0	-1.19	
-1.0	-0.52	-0.5	-0.81	
-1.5	-0.19	-1.0	-0.43	
-2.0	0.13	-1.5	-0.05	
-2.5	0.45	-2.0	0.32	
-3.0	0.77	-2.5	0.69	
-3.5	1.09	-3.0	1.06	

Remark: mp/ dr ja jones

data entered in
from A-Scan
MP

06/02/2006 09:07 3342869622


PAGE

Name: <u>Landrum, Johnny</u>		Date of Birth: <u>03/03/1956</u>			
ID: <u>62133-0</u>		Exam Date: <u>06/01/2006</u>			
OD (right)		axial length values		OS (left)	
AL	SNR	AL	SNR		
28.78 mm	2.8				
28.78 mm	5.8				
28.77 mm	4.6				
> 28.77 mm < 8.4					
28.77 mm	8.0				
average AL: 28.77 mm					
					
OD (right)		normal curvature values		OS (left)	
K1: 42.51 D @ 159°	7.94 mm	K1: 42.61 D @ 21°	7.92 mm		
K2: 43.27 D @ 69°	7.90 mm	K2: 44.41 D @ 111°	7.60 mm		
AD: -0.76 D @ 158°		AD: -1.80 D @ 21°			
K1: 42.45 D @ 170°	7.95 mm	K1: 42.56 D @ 19°	7.93 mm		
K2: 43.32 D @ 80°	7.79 mm	K2: 44.35 D @ 109°	7.61 mm		
AD: -0.87 D @ 170°		AD: -1.79 D @ 19°			
K1: 42.45 D @ 163°	7.95 mm	K1: 42.56 D @ 17°	7.93 mm <		
K2: 43.10 D @ 73°	7.83 mm	K2: 44.41 D @ 107°	7.60 mm		
AD: -0.65 D @ 163°		AD: -1.85 D @ 17°			
n: 1.3375		n: 1.3375			
OD (right)		anterior chamber depth values		OS (left)	
3.38 mm	3.36 mm	3.36 mm	3.36 mm	2.67 mm	2.67 mm
3.38 mm	3.36 mm	3.36 mm	3.36 mm	2.67 mm	2.69 mm
ACD: 3.37 mm		ACD: 2.68 mm			
OD (right)		white to white values		OS (left)	

Remark: mp/ dr ja jones

06/02/2005 09:07 3342869622

PAGE 02/0

MD
 **Humphrey**
 A COMPANY OF THE CARL ZEISS GROUP

HOLLADAY FORMULA
 03:32 PM 06-01-06
 PATIENT: LANDRUM, JOHNNY
 PHYSICIAN: HATCHER, HAROLD
 SET 1

	IOL SELECTED	SF
MAIN	SA60AT	1.52#
ALT	ALCON MTU	-0.30#

(OP EYE)= OS	OD	OS
K1	42.51	42.56
K2	43.27	44.41
AL	28.82	31.80
DESIRED		
RX	0.00	0.00

OD (FELLOW) MAIN LENS
 EMMETROPIA = 5.68
 FOR DESIRED RX = 0.00
 AMETROPIA = 5.68

IOL(D)	REF(D)	IOL(D)	REF(D)
4.50	0.77	7.50	-1.23
5.00	0.45	8.00	-1.37
5.50	0.12	8.50	-1.92
6.00	-0.21	9.00	-2.28
6.50	-0.54	9.50	-2.64
7.00	-0.88	10.00	-3.00

OD (FELLOW) ALT LENS
 EMMETROPIA = 4.92
 FOR DESIRED RX = 0.00
 AMETROPIA = 4.92

IOL(D)	REF(D)	IOL(D)	REF(D)
3.50	1.06	6.50	-1.22
4.00	0.69	7.00	-1.62
4.50	0.32	7.50	-2.02
5.00	-0.06	8.00	-2.42
5.50	-0.44	8.50	-2.83
6.00	-0.83	9.00	-3.25

MODEL 920 REV. F

JW
 **Humphrey**
 A COMPANY OF THE CARL ZEISS GROUP

HOLLADAY FORMULA
 03:32 PM 06-01-06
 PATIENT: LANDRUM, JOHNNY
 PHYSICIAN: HATCHER, HAROLD
 SET 1

	IOL SELECTED	SF
MAIN	SA60AT	1.52#
ALT	ALCON MTU	-0.30#

(OP EYE)= OS	OD	OS
K1	42.51	42.56
K2	43.27	44.41
AL	28.82	31.80
DESIRED		
RX	0.00	0.00

 * OD (OP-EYE) MAIN LENS
 * EMMETROPIA = -1.79
 * FOR DESIRED RX = 0.00
 * AMETROPIA = -1.79
 *

IOL(D)	REF(D)	IOL(D)	REF(D)
-2.00	0.14	1.00	-1.19
-1.50	-0.19	1.50	-2.19
-1.00	-0.52	2.00	-2.19
-0.50	-0.85	2.50	-2.19
0.00	-1.19	3.00	-3.19
0.50	-1.53	3.50	-3.19

OD (OP-EYE) ALT LENS
 EMMETROPIA = -1.56
 FOR DESIRED RX = 0.00
 AMETROPIA = -1.56

IOL(D)	REF(D)	IOL(D)	REF(D)
-2.00	0.33	1.00	-1.98
-1.50	-0.04	1.50	-2.38
-1.00	-0.42	2.00	-2.78
-0.50	-0.80	2.50	-3.18
0.00	-1.19	3.00	-3.61
0.50	-1.58	3.50	-4.03

MODEL 920 REV. F

05/07/2006 Wed 11:27

Precyse Solutions

ID: #30856 Page 1 of 2

Baptist Medical Center South - Montgomery

2105 East South Boulevard, Montgomery, Alabama 36116, Telephone: (334) 238-2100

OPERATIVE REPORT

PATIENT NAME:	LANDRUM, JOHNNY	MR #:	704362
DOB:	03/03/1956	ACCT #:	615700424
ROOM:		ADM DATE:	06/07/2006
PHYSICIAN:	JOHN A. JONES III, M.D.	DISC DATE:	

DATE OF PROCEDURE: 6/7/06**DIAGNOSIS:** A 50-year-old male with a diagnosis of an immature cataract, left eye, dislocated cataract. lens, left eye.**PROCEDURE:** Completed extracapsular cataract extraction with insertion of anterior chamber intraocular lens, left eye.**SURGEON:** John A. Jones III, MD**ANESTHESIA:** Local with IV sedation.**COMPLICATIONS:** None.

PROCEDURE: Periocular injection was done by anesthesia in the holding area without complications. A Honan balloon was placed on the surface of the closed lid. Following this, he was wheeled into the operating theatre, and positioned underneath the operating microscope. He was prepped and draped in the usual manner for a left intraocular procedure. A speculum was placed between the lid. It was noted at this time that the cataractous lens was dislocated slightly inferiorly and temporally. It was noted that we would not be able to do the planned phacoemulsification. The eye was stabilized, and a stab incision was made from the peripheral cornea anteriorly. Phacodonesis minimally was noted. Viscoelastic was placed behind the lens, propelling it forward. The lens broke, but did not descend. The incision into the anterior chamber was widened, and a lens loop was placed behind the bulk of the lens, and the lens nucleus along with the majority of the lens was removed. The phacoemulsification machine was used to clear up the remaining cortex and lens capsule. An anterior chamber lens was going to be needed with his special ordered myopic pseudophacos, and us having no special ordered anterior chamber lens, it was decided to put in a lower powered lens and make adjustments as need be. An anterior chamber lens was placed in the anterior chamber, and placed in secure position. A

OPERATIVE REPORT

Page 1 of 2

Copy For: JOHN A. JONES III, M.D.

06/07/2006 Wed 11:27

Pracyse Solutions

ID: #30856 Page 2 of 2

Baptist Medical Center South - Montgomery

OPERATIVE REPORT

NAME: LANDRUM, JOHNNY
PHYSICIAN: JOHN A. JONES III, M.D.

MR #: 704362

peripheral iridectomy was made. The anterior chamber was irrigated. The pupil was round. The incision into the anterior chamber was closed with 10-0 nylon cross stitch. He tolerated the procedure well with no formal vitreous loss, and returned to the recovery room in good condition.

JOHN A. JONES III, M.D.

TR: JJ/PB D: 06/07/2006 09:52:00 T: 06/07/2006 10:31:10 JOB: 6912929 /6490

OPERATIVE REPORT

Page 2 of 2

Copy For: JOHN A. JONES III, M.D.

Copies

DR. JOHN ALLEN JONES, III

^{Morrow}
~~BAPTIST TOWERS~~ 281-6688

Suite 804

Johnny Landrum / Bibb Corr. Fac.

PRE-OP INSTRUCTIONS

1. THE DAY BEFORE YOUR SURGERY GO ^{to 20/20 Ophthalmic Associates for} ~~BY THE HOSPITAL FOR LAB WORK.~~ ^{AS can}
Thursday, June 1, 2006 at 3:00 pm
2. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE
YOUR SURGERY. ^{Take High Blood Pressure Med w/ Sip of water}
3. BRING ALL YOUR MEDICATION TO THE HOSPITAL WITH YOU. ^{in a.m.}
4. ARRIVE AT Same Day Surgery Center BY 7:00 am
ON Wed., June 1, 2006. ^{1st floor Morrow}
5. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE. ^{Jowers}

2055 E.S. Blvd.

Montgomery AL 36111

POST-OP INSTRUCTIONS

DAY 1

1. KEEP SHIELD OVER OPERATED EYE.
2. TAKE REGULAR MEDICATIONS IN USUAL WAY, UNLESS DIRECTED OTHERWISE.
3. KEEP HEAD ELEVATED AT LEAST 15 DEGREES (2 PILLOWS).
4. TRY NOT TO SLEEP ON OPERATED SIDE TONIGHT.
5. NO STRENUOUS ACTIVITY; NO BENDING OR STOOPING WITH YOUR HEAD LOWER THAN YOUR HEART.
6. TAKE TYLENOL TABLETS 2 EVERY 4 HOURS IF NEEDED.
7. AT YOUR DRUGSTORE BUY THE FOLLOWING:
 - A. STERILE COTTON BALLS
 - ~~B. 1/2 INCH PAPER TAPE~~
 - C. BOTTLE OF STERILE PRESERVATIVE-FREE SALINE (SENSITIVE EYES OR UNISOL SALINE - USED FOR RINSING CONTACT LENSES).
 - D. BRING THE ABOVE TO YOUR FOLLOW-UP APPOINTMENT.
8. NOTIFY DR. JONES IF UNUSUAL PAIN OR BLEEDING OCCURS.
9. KEEP FOLLOW-UP APPOINTMENT ON Thursday, June 8, 2006
AT 9:00 am.
10. IT IS BEST IF SOMEONE IS WITH YOU THE NIGHT AFTER SURGERY.

JOHN ALLEN JONES, M.D., F.A.C.S.
OPHTHALMOLOGY - OTOLARYNGOLOGY

JOHN ALLEN JONES, III, M.D., F.A.C.S.
OPHTHALMOLOGY

DRS. JONES & JONES, P.A.
2055 EAST SOUTH BOULEVARD, SUITE 804
MONTGOMERY, ALABAMA 36116
TELEPHONE 281-6688

REFERRAL

Date: June 1, 2006

Patient: Johnny Landrum

D.O.B. 3/3/56

Reason for Referral: AScan OS

Doctor or Facility: 20/20 Ophthalmic Associates

Please send report to above address or fax to 334-281-0324.

Thank you

8

Form must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number: Bibb Patient Name: (Last, First) Landrum, Johnny Date: (mm/dd/yy) 5, 22, 06

Site Phone # (205) 225-0121 Alias: (Last, First) Date of Birth: (mm/dd/yy) 3, 03, 56

Site Fax # (205) 225-0338 Inmate # 134871 PHS Custody Date: (mm/dd/yy) 09, 15, 03

Will there be a charge? ☒ Yes ☐ No Sex ☒ Male ☐ Female SS Number 420-80-9547 Potential Release Date: (mm/dd/yy) 12, 08, 02

Responsible party: ☒ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) ☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental James P. Whitely

Facility Medical Director Signature and Date: J. Whitely

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (RX) ☐ Scheduled Admission (SA) ☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☒ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy) 1 / 1
(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation Therapy ☐ Chemotherapy ☐ Other:

Number of Visits/Treatments: 1

Specialist referred to: DR. Jones

Type of Consultation, Treatment, Procedure or Surgery: need (A-scan) prior to surgery
OS cataract

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and filed.

History of Illness/injury/symptoms with Date of Onset: He saw ophthalmologist Jones for cataract (OS) & needs an A-scan performed

Results of a complaint directed physical examination: made in MD OS cataract

Previous treatment and response (including medications): 0

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION: ☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information. Date resubmitted: 1 / 1

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cent Type: Med Class: CPT code: UR Auth #:

05a - UM Referral review form

[Signature] HSA

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS**DEMOGRAPHICS**

Site Name & Number:

BIBB # 831

Site Phone #

205-225-0121

Site Fax #

205-225-0338

Patient Name: (Last, First)

Landrum, Johnny

Alias: (Last, First)

Inmate #

134871

SS Number

Date: (mm/dd/yy)

12/28/05

Date of Birth: (mm/dd/yy)

3/03/56

PHS Custody Date: (mm/dd/yy)

09/15/03

Potential Release Date: (mm/dd/yy)

12/08/07

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare and Medicaid):**CLINICAL DATA**

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental**James P. Whitkey**

Facility Medical Director Signature and Date:

Whitkey☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine**(500AM)**☐ Urgent**9:45AM**

Estimated Date of Service (mm/dd/yy)

01/23/06

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ ChemotherapyNumber of Visits/Treatments: **1**☐ Other:

Specialist referred to:

ophth. Dr. Jones

Type of Consultation, Treatment, Procedure or Surgery:

eval. for possible cataract surgery

Diagnosis:

OS cataract

ICD-9code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

He saw optometry here on 12/8/05 & he recommended ophth. eval for OS cataract

Results of a complaint directed physical examination:

OS cataract

Previous treatment and response (including medications):

visive eye drops

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)

Date resubmitted:

☐ Resubmitted with requested information.

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

15714946

01/03/2006 TUE 14:24 FAX

015/022

12/29/2005 THU 16:30 FAX 12052250338 BIBB

025/037

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

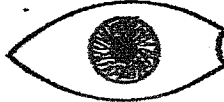
Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS			
Site Name & Number: BIBB # 831	Patient Name: (Last, First) Landrum, Johnny	Date: (mm/dd/yy) 12/28/05	RECEIVED DEC 30 2005
Site Phone # 205-225-0121	Alias: (Last, First)	Date of Birth: (mm/dd/yy) 3/03/56	
Site Fax # 205-225-0338	Inmate # 134871	PHS Custody Date: (mm/dd/yy) 09/15/03	
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Potential Release Date: (mm/dd/yy) 12/08/07	
Responsible party: <input type="checkbox"/> PHS <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Other, be specific (Excludes Medicare and Medicaid):			
CLINICAL DATA			
Requesting Provider: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental James P. Whitley		History of illness/injury/symptoms with Date of Onset: He saw optometry here on 12/8/05 & he recommends optth. exam for OS cataract	
Facility Medical Director Signature and Date: [Signature]		Results of a complaint directed physical examination: OS cataract	
<input type="checkbox"/> Service meets criteria for "approval via provider"		Previous treatment and response (including medications): visive eye drops	
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.			
<input checked="" type="checkbox"/> Office Visit (OV) <input type="checkbox"/> x-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Consult (CA) <input checked="" type="checkbox"/> Routine (50001) <input type="checkbox"/> Urgent Estimated Date of Service (mm/dd/yy) 12/30/05 (This starts the approval window for the "open authorization period")			
Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy			
Number of Visits/Treatments: 1 <input type="checkbox"/> Other			
Specialist referred to: ophth. Dr. Jones			
Type of Consultation, Treatment, Procedure or Surgery: eval. for possible cataract surgery			
Diagnosis: OS cataract			
ICD-9 code: 366.9			
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form. <input type="checkbox"/> Pertinent Documents have been attached and listed.		For security and safety, please do not inform patient of possible follow-up appointments	
UOI DETERMINATION: <input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.		<input checked="" type="checkbox"/> Current Service Recommended and Authorized	
Regional Medical Director Signature, printed name and date required: [Signature] 12/30/05			
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.			
Case Type: OV	Med Class: 99201	UR Auth # 15714946	

DRS. JONES AND JONES, P.A.
JOHN ALLEN JONES, III, M.D.
2055 EAST SOUTH BLVD., SUITE 804
MONTGOMERY, ALABAMA 36116
334-281-6688
FAX 334-281-0324



205-225-0338-

DATE: _____
TO: Opelle
FROM: Surg. Dr. Jones
RE: Johnny Landrum } Surgery
Mc Silas
TOTAL PAGES (INCLUDING COVER SHEET) 7

CONFIDENTIALITY NOTE

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any distribution, dissemination, or copying of this facsimile is strictly prohibited. If you received this facsimile in error, please notify us immediately at the above telephone number and return the original facsimile by mail.

Thank you.

Thursday 6-1-06- 1:30 - Landrum + Silas - Dr. Jones
Thursday 6-1-06 3:00 Landrum + Silas - A Scan - 20/20-9ET
Wednesday 6-7-06- Surgery Landrum + Silas - Surgery Center
Thursday - 6-8-06- Surg followup - Dr. Jones office -
Authoriz.

Informed Consent for Cataract Operation and/or Implantation of Intraocular Lens

INTRODUCTION

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have the operation.

Except for unusual cases, a cataract operation is indicated only when you cannot function adequately due to poor sight produced by the cataract. You must remember that the natural lens within your own eye with a *slight* cataract, although not perfect, has some distinct advantages over any man-made lens.

After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation—based on your own visual needs, and medical considerations, unless you have an unusual cataract that may require immediate surgery.

ALTERNATIVE TREATMENTS

I understand I may decide *not* to have a cataract operation *at all*. However, should I decide to have an operation, I understand these are the three methods of restoring useful vision after the operation:

1. SPECTACLES (GLASSES): Cataract spectacles required to correct your vision are usually thicker and heavier than conventional eyeglasses. Cataract spectacles increase the size of objects by about 25%; and clear vision is obtained through the cen-

tral part of cataract spectacles, which means you must learn to turn your head to see clearly on either side. Cataract spectacles usually cannot be used if a cataract is only in one eye (and the other is normal) because they may cause double vision. However, cataract spectacles have been, the most common method of correcting vision after cataract surgery.

2. CONTACT LENS: A hard or soft contact lens increases the apparent size of objects only about 8%. Handling of a contact lens is difficult for some individuals. Most lenses must be inserted and removed daily and not everyone can tolerate them. For near tasks, eyeglasses (not cataract spectacles) may be required in addition to contact lenses.
3. INTRAOCULAR LENS: This is a small plastic artificial lens surgically placed inside the eye, permanently. Intraocular lenses do not require daily handling. With the intraocular lens there is no apparent change in the size of objects seen. Conventional eyeglasses (not cataract spectacles) are required in addition to an intraocular lens.

CONSENT FOR OPERATION

In giving my permission for a cataract extraction and/or for the implantation of an intraocular lens in my eye, I declare I understand the following information:

1. Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation.

2. If an intraocular lens is implanted, it is done by surgical method. It is intended that the small plastic lens will be left in my eye permanently.

3. The results of surgery in my case cannot be guaranteed.

4. At the time of surgery, my doctor may decide not to implant an intraocular lens in my eye even though I may have given prior permission to do so.

5. **Complications of Surgery to Remove the Cataract:** As a result of the surgery, it is possible that my vision could be made worse. In some cases, complications may occur weeks, months or even years later. Complications may include hemorrhage (bleeding), loss of corneal clarity, infection, detachment of the retina, glaucoma, and/or double vision. These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision or loss of the eye.

6. **Specific Complications of Lens Implantations:** Insertion of an intraocular lens may induce complications which otherwise would not occur. In some cases complications may develop during surgery from implanting the lens, or days, weeks, months or even years later. Complications may include loss of corneal clarity, infection, uveitis, iris atrophy, glaucoma, bleeding in the eye, inability to dilate the pupil, dislocation of the lens and retinal detachment.

7. At some future time, the lens implanted in my eye may have to be repositioned or removed surgically.

8. **Complications of Surgery in General:** As with all types of surgery, there is the possibility of other complications due to anesthesia, drug reactions or other factors which may involve other parts of my body, including the possibility of brain damage or even death. Since it is impossible to state every complication that may occur as a result of surgery, the list of complications in this form is incomplete.

The basic procedures of cataract surgery and the advantages and disadvantages, risks and possible complications of alternative treatments have been explained to me by the doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. I understand that periodic visits to the doctor by me will be required for at least one year to assess the results of the operation. In signing this informed consent for cataract operation, and/or implantation of intraocular lens, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the surgery.

If I decide to have an operation, I agree to have the type of operation listed below which I have indicated by my signature:

(1) I wish to have a Cataract Operation WITH / WITHOUT an Intraocular Lens Implant.

Patient's Signature Johnny Landrum

(2) Since my Cataract was previously removed and I have been informed by the doctor that my eye is medically acceptable for lens implantation, I wish to have an Intraocular Lens Implant.

Patient's Signature _____ OS

Patient's Name (Printed) Johnny Landrum Age 50

Date 6/1/06 Time 2:09 Place 2055 E.S. Blvd.

Witness' Signature Charlotte Baggett

Doctor's Signature [Signature]

05/10/2006 WED 12:23 FAX 12052250338 BIBB

001/003



PRISON HEALTH SERVICES, INC.

TO:

FROM:

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

If you receive this in error, please call

. Thank you

PHS ALABAMA DOC+

AL +

05/10/2006 WED 12:23 FAX 12052250338 BIBB

002/003

Facility Name: <u>Bibb Correctional Facility</u>		Month/Year of Charting: <u>05/06</u>																															
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A & D Ointment Ointment 1		<div>9A</div> <div>PRN</div> <div>T tube / week</div> <div>(PRN)</div>																															
Use as directed daily																																	
Start Date: <u>03-31-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>07-08-2006</u>		RX #: <u>251355679</u>																															
Chlorpheniramine Maleate 4MG Tab 60.00		<div>3A</div> <div>3P</div>																															
Take 1 tablet(s) by mouth twice daily																																	
Start Date: <u>03-31-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>05-29-2006</u>		RX #: <u>251355684</u>																															
Naprosyn 375MG Tab 60.00		<div>3A</div> <div>3P</div>																															
Take 1 tablet(s) by mouth twice daily as needed																																	
Start Date: <u>03-31-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>07-08-2006</u>		RX #: <u>251355686</u>																															
Zantac 300MG Tab 90.00		<div>3A</div> <div>3P</div>																															
Take 1 tablet(s) by mouth Three Times Daily																																	
Start Date: <u>03-31-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>07-08-2006</u>		RX #: <u>251355689</u>																															
Cardura 2MG Tab 30.00		<div>3P</div>																															
Take 1 tablet(s) by mouth at bedtime																																	
Start Date: <u>03-31-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>07-08-2006</u>		RX #: <u>251355691</u>																															
Vasotec 10MG Tab 60.00		<div>3A</div> <div>3P</div>																															
Take 1 tablet(s) by mouth twice daily																																	
Start Date: <u>04-19-2006</u>		Prescriber: <u>Whitley, James</u>																															
Stop Date: <u>07-27-2006</u>		RX #: <u>251420670</u>																															
Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes																												
	<i>C. K...</i>	<i>ck</i>			1. Discontinued Order																												
Admission	<i>...</i>	<i>m</i>			2. Refused																												
Housing Unit					3. Patient out of facility																												
Patient ID Number: <u>134871</u>					4. Charted in Error																												
Report Name: <u>Landrum, Johnny</u>					5. Lock Down																												
					6. Self Administered																												
					7. Medication out of Stock																												
					8. Medication Held																												
					9. No Show																												
					10. Other																												
			Date of Birth:																														

05/10/2006 WED 12:25 FAX 12052250338 BIBB

4003/903

Facility Name: Abb Correctional Facility		Month/Year of Charting: 05/06	
Aspirin 81MG Chew Tab 30.00 Take 1 chew tab(s) by mouth daily		9A	
K 9P		Start Date: 04-19-2006 Stop Date: 07-27-2006 Prescriber: Whitey, James RX #: 251420700	
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
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Start Date: Stop Date:		Prescriber: RX #:	
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
Start Date: Stop Date:		Prescriber: RX #:	
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
Start Date: Stop Date:		Prescriber: RX #:	
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
Start Date: Stop Date:		Prescriber: RX #:	
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
Start Date: Stop Date:		Prescriber: RX #:	
Hour 1 2 3			

**Authorization and consent for use or disclosure
of Protected Health Information**

JOHN ALLEN JONES, III, M.D.
OPHTHALMOLOGIST

DRS. JONES & JONES, P.A.
2020 EAST SOUTH BOULEVARD, SUITE 804
MONTGOMERY, ALABAMA 36116
TELEPHONE 205-6628

Effective April 14, 2003

Your medical information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

I consent to treatment necessary for my care or the care of my child.

I authorize the release of all medical records to the referring and family physicians and to my insurance company, if applicable.

I allow fax transmittal of my medical records, if necessary.

I acknowledge full financial responsibility for services rendered by John Allen Jones, III, M.D.

I understand that payment of charges incurred is due at the time of service unless other definite financial arrangements have been made prior to treatment.

I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of my charges.

I further authorize and request that insurance payments be made directly to John Allen Jones, III, M.D. should they elect to receive such payment.

I have read and fully understand the above consent for treatment, financial responsibility, release of medical information, and insurance authorization.

I acknowledge that I have read and understand the notice of privacy practices.

I, _____ give authorization to discuss medical
information with _____
Name Relationship
Phone Number

1/23/06
Date

Johnny Anderson
Signature of patient

Signature of parent if minor

If patient or personal representative is unable or refuses to sign the form, document the reasons on this form.
Place this form in the patient's medical record.

6306 JIL CE to 15600 15600

DATE	REFERENCE	DESCRIPTION	CHARGES	PYMTS.	ADJ.	BALANCE	PREVIOUS BALANCE	NAME
				CREDITS				

THIS IS YOUR RECEIPT FOR THIS AMOUNT

THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE

OFFICE SERVICES			SPECIAL SERVICES			CONTACT LENS		
1 New Patient	99201	27	Visual Fields		56	C.L. - Bandage		92070
2	99202	28	Visual Fields (Automated)	92082	57	C.L. - both eyes		92310
3	99203	29	Gonioscopy	92020	58	C.L. - one eye		
4	99204	30	A-Scan	76516	59	C.L. - aphakia/one eye		92311
5	99205	31	Schirmer Test (tear test)		60	C.L. - aphakia/both eyes		92312
6 Established Patient	99211	32	Photos - external	92285	61	C.L. - modification		92325
7	99212	33	Photos - Fundus	92250	62	C.L. Replacement		92326
8	99213	34	Color Vision	92283	63	Collagen Lens		V2599
9	99214	35	Ophthalmoscopy Extended	92225				
10	99215	36	Glare/Contrast Sensitivity	92284				
11 Second Opinion	99273	38	Orthoptic Training	92065				
12 Intermed. Exam New	92002	39						
13 Intermed. Exam Est	92012							
14 Comp. Eye Exam New	92004							
15 Comp. Eye Exam Est	92014	40	Cornea Culture	65430				
16 Refraction	92015	41	Corneal Debridement	65435				
17 Neuro-Ophth. Exam	92060	42	F.B. Removal - corneal	65222				
18 Post-Op O.V.		43	F.B. Removal - conjunctiva	65205				
19 Glasses Check		44	Tear Duct Dilation	68801				
20 Ins. Forms		45	Tear Duct - Probe	68820				
21 Med. Data Review		46	Punctual Occlusion	68760				
22 Consultations	99241	47	Punctual Plugs	68899				
23	99242	48	Removal small lesion, lids	67840				
24	99243	49	Chalazion-single	67800				
25	99244	50	Chalazion-mult/same lid	67801				
26	99245	51	Chalazion-multiple	67805				
		52	Trichiasis/Epilation	67820				
		53	Retrobulbar Inj.	67500				
		54	Subtenon's Inj.	67515				
		55	Subconj. Inj.	68200				

<input type="checkbox"/> Ksicc	370.33	<input type="checkbox"/> Dacryocystitis	375.32	<input type="checkbox"/> IOL malposition	996.53	<input type="checkbox"/> Retinal Hole	361.3
<input type="checkbox"/> Amblyopia	368.00	<input type="checkbox"/> Dacryostenosis	375.56	<input type="checkbox"/> Injected Eye	372.73	<input type="checkbox"/> Retinal Scar	363.3
<input type="checkbox"/> Aphakia	379.31	<input type="checkbox"/> Diabetic Retinopathy		<input type="checkbox"/> Iritis	364.00	<input type="checkbox"/> Retinal Tear	361.3
<input type="checkbox"/> Astigmatism	367.21	<input type="checkbox"/> Background	362.01	<input type="checkbox"/> Iritis, recurrent	364.02	<input type="checkbox"/> Retinal Artery Occlusion	362.3
<input type="checkbox"/> Bell's Palsy	351.0	<input type="checkbox"/> Proliferative	362.02	<input type="checkbox"/> Iritis, Traumatic	364.04	<input type="checkbox"/> Retinal Vein Occlusion	362.3
<input type="checkbox"/> Black Eye	921.0	<input type="checkbox"/> Diabetic Neuropathy	250.6	<input type="checkbox"/> Keratoconjunctivitis	370.40	<input type="checkbox"/> Retinopathy, Unspecified	362.1
<input type="checkbox"/> Blepharitis	373.00	<input type="checkbox"/> IDDM	250.01	<input type="checkbox"/> Keratoconjunctivitis, exposure	370.34	<input type="checkbox"/> ROP	362.2
<input type="checkbox"/> Blepharochalasis	374.34	<input type="checkbox"/> NIDDM	250.02	<input type="checkbox"/> Keratitis	370.21	<input type="checkbox"/> Scleritis	379.0
<input type="checkbox"/> Blow Out fracture	802.6	<input type="checkbox"/> Diplopia	368.2	<input type="checkbox"/> CL Assoc. - Keratitis	371.82	Scotoma:	
<input type="checkbox"/> Bullous Keratopathy	371.23	<input type="checkbox"/> Ectropion		<input type="checkbox"/> Keratoconus	371.60	<input type="checkbox"/> arcuate	368.4
<input type="checkbox"/> Cataract:		<input type="checkbox"/> Entropion	374.11	<input type="checkbox"/> Laceration, eyelid	870.0	<input type="checkbox"/> central	368.4
<input checked="" type="checkbox"/> Combined	366.19	<input type="checkbox"/> Senile	374.14	Lesion:		<input type="checkbox"/> heteronymous	368.4
<input type="checkbox"/> Congenital Cataract	743.30	<input type="checkbox"/> Cicatricial		<input type="checkbox"/> benign	216.1	<input type="checkbox"/> homonymous hemianopsia	368.4
<input type="checkbox"/> Posterior subcapsular	366.14	<input type="checkbox"/> Entropion	374.01	<input type="checkbox"/> malignant	173.1	<input type="checkbox"/>	
<input type="checkbox"/> Cortical	366.15	<input type="checkbox"/> Senile	374.04	<input type="checkbox"/> Macula Degeneration (Dry)	362.51	<input type="checkbox"/> Sjogren's (Sicca) Syndrome	710.2
<input type="checkbox"/> Nuclear	366.16	<input type="checkbox"/> Cicatricial	379.01	<input type="checkbox"/> Macula Degeneration (Wet)	362.52	<input type="checkbox"/> Trichiasis	374.0
<input type="checkbox"/> Traumatic	366.20	<input type="checkbox"/> Episclelitis	370.21	<input type="checkbox"/> Macula Drusen	362.57	<input type="checkbox"/> Vitreous Detachment	379.2
<input type="checkbox"/> Central serous retinopathy	362.41	<input type="checkbox"/> Epithelialis		<input type="checkbox"/> Macula Hemorrhage	363.61	<input type="checkbox"/> Vitreous Hemorrhage	379.2
<input type="checkbox"/> Chalazion	373.2	Esotropia:	378.35	<input type="checkbox"/> Macula hole	362.54	<input type="checkbox"/> Vitreous Floaters	379.2
<input type="checkbox"/> Choroideritis	363.20	<input type="checkbox"/> accommodative	378.05	<input type="checkbox"/> Macula scar	363.32	<input type="checkbox"/> Visual Discomfort	368.1
<input type="checkbox"/> Histoplasmosis	115.90	<input type="checkbox"/> alternating	378.22	<input type="checkbox"/> Migraine Prodrome	346.80		
<input type="checkbox"/> Toxoplasmosis	130.2	<input type="checkbox"/> intermittent	378.01	<input type="checkbox"/> Myopia	367.1		
Conjunctivitis:		<input type="checkbox"/> Monocular	378.01	<input type="checkbox"/> Normal Eye Examination	V72.0		
<input type="checkbox"/> Unspecified	372.00	Exotropia:	378.15	<input type="checkbox"/> Nystagmus	379.50		
<input type="checkbox"/> Catarrhal	372.03	<input type="checkbox"/> alternating	378.24	<input type="checkbox"/> Opaque Posterior capsule	366.53		
<input type="checkbox"/> Vernal	372.13	<input type="checkbox"/> intermittent	378.11	<input type="checkbox"/> Optic atrophy	377.10		
<input type="checkbox"/> Allergic	372.14	<input type="checkbox"/> Monocular		<input type="checkbox"/> Optic neuritis	377.30		
<input type="checkbox"/> Viral	077.99	Foreign Body:		<input type="checkbox"/> Ischemic Optic Neuropathy	377.41		
<input type="checkbox"/> GPC / Chemical / Atopic	372.05	<input type="checkbox"/> conjunctival	930.1	<input type="checkbox"/> Papilledema	377.00		
<input type="checkbox"/> Conjunctival abrasion	918.2	<input type="checkbox"/> corneal	930.0	<input type="checkbox"/> Photophobia	368.13		
<input type="checkbox"/> Subconjunctival hemorrhage	372.72	<input type="checkbox"/> intraocular	871.6	<input type="checkbox"/> Phthisis bulbi	360.41		
<input type="checkbox"/> Convergence insufficiency	378.83	Glaucoma:		<input type="checkbox"/> Pinguecula	372.51		
<input type="checkbox"/> Contusion, eyeball	921.3	<input type="checkbox"/> suspect	365.04	<input type="checkbox"/> Pteretinal fibrosis	362.56		
<input type="checkbox"/> (hyphema, traumatic)		<input type="checkbox"/> angle-closure	365.22	<input type="checkbox"/> Pseudo Tumor	376.11		
<input type="checkbox"/> Corneal abrasion	918.1	<input type="checkbox"/> Neovascular	365.11	<input type="checkbox"/> Pain Around Eye	379.91		
<input type="checkbox"/> Corneal Degeneration	371.40	<input type="checkbox"/> open angle	365.62	<input type="checkbox"/> Pterygium	372.40		
<input type="checkbox"/> Corneal dystrophy	371.50	<input type="checkbox"/> ocular inflammation	365.65	<input type="checkbox"/> Ptosis	374.30		
<input type="checkbox"/> Corneal edema	371.20	<input type="checkbox"/> ocular trauma	784.0	<input type="checkbox"/> Recurrent Erosion	371.42		
Corneal Laceration:		<input type="checkbox"/> Headache	053.20	<input type="checkbox"/> Refractive Error	367.9		
<input type="checkbox"/> Without prolapse	871.0	<input type="checkbox"/> Herpes Zoster	370.04	<input type="checkbox"/> Retinal Detachment	363.13		
<input type="checkbox"/> With prolapse	871.1	<input type="checkbox"/> Herpes Ulcer	373.11	<input type="checkbox"/> Retinal Detachment, recent	361.05		
<input type="checkbox"/> Corneal scar/opacity	371.00	<input type="checkbox"/> Hordeolum	364.41	<input type="checkbox"/> Retinal Detachment, old	361.06		
<input type="checkbox"/> Corneal Ulcer	370.00	<input type="checkbox"/> Hyphema	367.0	<input type="checkbox"/> Retinal Edema	362.83		
<input type="checkbox"/> Cystoid macular edema (CME)	362.53	<input type="checkbox"/> Hyperopia	378.31	<input type="checkbox"/> Retinal Hemorrhage	362.81		
<input type="checkbox"/> Hypertropia							

RETURN: ___ Days ___ Weeks ___ Months

Date of Service 12/3/06

DRS. JONES & JONES, P.A.

2055 EAST SOUTH BLVD.

SUITE 804

MONTGOMERY, AL 36116

TELEPHONE (334) 281-6688

IRS # 63-0637131

John Allen Jones, III, M.D., F.A.C.S.

Ophthalmology

BC # 3292

DOCTOR'S SIGNATURE

PRISON HEALTH CARE
PO BOX 967
BRENTWOOD TN
37027

FICA

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90). FORM RRB-1500.
APPROVED OMB-1215-0055 FORM OW/CP-1500 APPROVED OMB-0720-0001 (CHAM)

APPROVED OMB 0938-0008

PLEASE
DO NOT
STAPLE
IN THIS
AREAPRISON HEALTH CARE
PO BOX 967
BRENTWOOD TN
37027

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #)		2. MEDICAID (Medicaid #)		3. CHAMPUS (Sponsor's SSN)		4. CHAMPVA (VA File #)		5. GROUP HEALTH PLAN (SSN or ID)		6. FECA BLK LUNG (SSN)		7. OTHER (ID)		8. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)																	
														134871																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)								3. PATIENT'S BIRTH DATE (MM DD YY)				SEX (M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																	
LANDRUM, JOHNNY								03031956						LANDRUM, JOHNNY																	
5. PATIENT'S ADDRESS (No. Street)								6. PATIENT RELATIONSHIP TO INSURED				7. INSURED'S ADDRESS (No. Street)																			
565 BIBB LANE								Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				SAME																			
CITY				STATE				8. PATIENT STATUS				CITY				STATE															
BRENT				AL				Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>																							
ZIP CODE				TELEPHONE (Include Area Code)				Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				ZIP CODE				TELEPHONE (INCLUDE AREA CODE)															
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)								10. IS PATIENT'S CONDITION RELATED TO:								11. INSURED'S POLICY GROUP OR FECA NUMBER															
								a. EMPLOYMENT? (CURRENT OR PREVIOUS)								NONE															
								b. AUTO ACCIDENT? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State))								a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>															
								c. OTHER ACCIDENT? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								b. EMPLOYER'S NAME OR SCHOOL NAME															
																c. INSURANCE PLAN NAME OR PROGRAM NAME															
12. INSURANCE PLAN NAME OR PROGRAM NAME								10d. RESERVED FOR LOCAL USE								d. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, return to and complete Item 9 a-d)															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment before.																13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.															
SIGNED SIGNATURE ON FILE																SIGNED SIGNATURE ON FILE															
DATE 01232006																															
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM DD YY)				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)				17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)															
												JOHN ALLEN JONES, III																			
												C75192																			
19. RESERVED FOR LOCAL USE																20. OUTSIDE LAB? (YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)																22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.															
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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-80), FORM RRB-1500
APPROVED OMB-1215-0055 FORM OWCP-1500 APPROVED OMB-0720-0001 (CHA

INMATE

STATEMENT

27464

DRS. JONES & JONES, P.A.

2055 EAST SOUTH BLVD.

SUITE 804

MONTGOMERY, AL 36116

LANDRUM, JOHNNY

565 BIB LANE

BRENT, AL

334-225-0121

DATE	REFERENCE	DESCRIPTION	CHARGES	PAYMENTS	ADJ.	BALANCE
BALANCE FORWARD						
1/23/06	TEL	CE & ME	156.00	104.00		136.00
3/21/06		PHS 1/23/07				136.00
6/11/06	TH	Preog 1/23/07	NC	975.58		136.00
6/11/06	TH	66934 4/11/07	650.00			650.00
6/11/06	TH	3FEU	NC			650.00
6/11/06	TH	3FEU	NC			650.00
7/21/06		PHS 6/11/06		136.00		136.00
8/10/06		3FEU	NC			136.00

MR. JONES
CREATIVE BUSINESS SYSTEMS INC. 334-225-1315

LITHO IN U.S.A.

PLEASE PAY LAST AMOUNT IN THIS COLUMN

THIS IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON OUR RECORDS

It is my understanding that Johnny Landrum (AIS # 134871) is an inmate currently incarcerated at Bibb County Correctional Facility located in Brent, Alabama. On January 23, 2006, Mr. Landrum presented to my office for an eye examination with complaints of decreased vision in the left eye with cataract, gradual decreasing vision in the right eye, and occasional "floaters" without flashes. Mr. Landrum communicated a medical history that was significant for a surgically repaired detached retina in the left eye, high myopia, as well as high blood pressure and an unspecified back injury.

In evaluating Mr. Landrum I determined that he had 20/40¹ best corrected vision in the right eye corrected and very poor "count fingers" vision in the left eye at five (5) feet, approximately 20/1600 corrected.² The lens of the right eye was clear; the lens of the left eye was found to be markedly dark and opaque due to the presence of a 3+ cataract. Both retinas remained attached per initial evaluation. Based upon the initial evaluation, I recommended a phacoemulsification procedure to remove the cataract from the left eye.³ Mr. Landrum was instructed to return for evaluation via A-scan ultrasound in preparation for surgical placement of an intraocular lens implant (IOL).⁴

On June 1, 2006, Mr. Landrum received an A-scan. The A-scan showed that Mr. Landrum's left eye was extremely long as related to normal, to the order of -1.0 (compared to normal of +20.0). I subsequently ordered a specially designed -1 powered IOL in preparation for the phacoemulsification procedure.

¹ When a patient's vision is 20/40, that means that when they are standing or sitting 20 feet away from the eye chart they can only see letters (or numbers) on the chart that are large enough for a person with normal vision to see 40 feet away (the 20/40 line). The higher the second number (such as 20/100, 20/200, 20/400), the worse is the person's eyesight.

² It is common to record vision worse than 20/400 as "count fingers" (C.F. at a certain number of feet).

³ Phacoemulsification is a surgical procedure whereby a microscopic instrument is passed through a small incision toward the lens and ultrasound is used to break the cataract into small pieces which are subsequently extracted. Once the cataract is removed a replacement lens is inserted.

⁴ A-scan ultrasound biometry (commonly referred to as an A-scan) is a routine diagnostic test used to determine the length of the eye for calculation of intraocular lens power.

On June 7, 2006, Mr. Landrum presented for surgery. He was prepped and draped in the usual manner for a left intraocular procedure. At that time I determined that the cataractous left lens was dislocated inferiorly and temporally from its zonules (supporting structure). Due to the fragile nature of the support system holding the lens in place, the phacoemulsification procedure was abandoned in favor of an extracapsular cataract extraction and insertion of an anterior chamber intraocular lens. The specialty ordered lens could not be used.

The anterior chamber was entered and the lowest powered anterior chamber lens available (+16) was inserted and securely placed. Mr. Landrum tolerated the procedure well with no formed vitreous loss. He was returned to the recovery room in good condition. Mr. Landrum was discharged with appropriate post-operative instructions and prescriptions for Zymar 0.3 % (an ophthalmic antibacterial solution) and Econopred (an ophthalmic corticosteroid) which were written KOP for Mr. Landrum's convenience. Mr. Landrum was also provided education materials and instructions for appropriate post-operative care.

I evaluated Mr. Landrum post-operatively on June 29, 2006. On that date Mr. Landrum stated that the left surgical eye felt good. His post-operative evaluation was normal. I noted that he had exhausted his prescription for Zymar and was continuing with Econopred as prescribed.

Mr. Landrum again presented on August 10, 2006 when it was noted that that he had exhausted his supply of Econopred and was having some glare, double vision and discomfort under the left upper lid. In response, I prescribed Tobradex.⁵ I also evaluated

⁵ Tobradex (Tobramycin and dexamethasone ophthalmic suspension and ointment) are multiple dose antibiotic and steroid combinations for topical ophthalmic use.

the surgical eye and noted the existence of a number of old tears (breaks) in the retinal posterior pole, a chronic condition that negatively effects the manner in which light spreads across the retina and precludes good vision.

Mr. Landrum's vision in the left surgical eye has dramatically improved from "counting fingers" vision at five (5) feet (approximately 20/1600) to 20/200 ambulatory vision with the anterior chamber lens. The overall potential for improvement in Mr. Landrum's vision is, of course, limited by the negative effects of his chronic retinal degeneration.

I understand that Mr. Landrum has made an allegation in this case that I placed a lens in his left eye during surgery that was ordered for another inmate's use. This allegation is simply untrue as the lens utilized during Mr. Landrum's surgical procedure was chosen for his specific need. Further, in contradiction to Plaintiff's allegations, I have never instructed him that he would not have to wear eyeglasses after the surgical procedure. Mr. Landrum will always rely on corrective lenses for best improved vision due to his chronic retinal degeneration and excess myopia.

Based on my review of Mr. Landrum's medical records and on my personal knowledge of the treatment provided to him, it is my opinion that his ocular conditions and complaints have been evaluated and treated in a timely and appropriate fashion. At all times, I have exercised the same degree of care, skill, and diligence as other similarly situated health care providers would have exercised under the same or similar circumstances. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

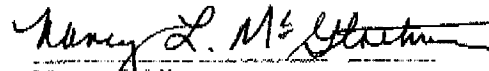
At no time have I denied Mr. Landrum any needed medical treatment, nor have I ever acted with deliberate indifference to any serious medical need of Mr. Landrum. At all times, Mr. Landrum's medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayeth not.


John Allen Jones, III, M.D.

STATE OF ALABAMA)
COUNTY OF MONTGOMERY)

Sworn to and subscribed before me on this the 4th day of DECEMBER, 2007


Notary Public
My Commission Expires
